

**NOTICE:** Insurance does not go into effect until the Kentucky Volunteer Insurance Program has received premium.

## COURT REFERRAL INSURANCE PROGRAM

**Revised June 1, 2012**

Coverage will expire on **June 30, 2013** regardless of the effective date, and is subject to the termination dates of the Master Agreement between the Commonwealth of Kentucky and the Corporate Insurance Management Association. Fees will not be pro-rated for those applying during the year. **PLEASE DO NOT SEND CASH.** Make your money order payable to "Volunteer Insurance" and mail the application to:

Kentucky Volunteer Insurance Program (KY VIP)  
275 East Main Street, 3W-E  
Frankfort, KY 40601-2321

**FOR OFFICE USE ONLY:**

Receipt Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**A NEW APPLICATION FORM AND CONTACT ADDRESS WILL BE PUBLISHED AFTER SEPT. 1, 2012.** Forms can be found at <http://chfs.ky.gov/dfrcvs/kccvs/insurance>. Contact the KCCVS at [kccvs@ky.gov](mailto:kccvs@ky.gov) regarding coverage information.

Please allow approximately two weeks for your application to be processed and a receipt mailed verifying your coverage.

Please furnish **ALL** information as requested below. Please **TYPE** or **PRINT** clearly.

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
Last First M.I. Include area code

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_  
dd/mm/yyyy

ADDRESS: \_\_\_\_\_  
Street City Zip

SUPERVISOR NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

**BENEFICIARY OF THE INSURED:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

PHONE #: \_\_\_\_\_

Accident:	<i>Rate</i> \$ 9.00
Handling fee to cover the cost of processing: (postage, copying, membership fee, etc.)	<u>\$ 7.00</u>
TOTAL AMOUNT ENCLOSED:	<b><u>\$16.00</u></b>

